

THE DIVISION OF HEALTH OF MISSOURI					
STANDARD CERTIFICATE OF DEATH					
FILED DEC 30 1957		318		1003	
Registration District No.		Primary Registration District No.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Affton 45220	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hosp.		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 27 10900 Oasis Dr.	
3. NAME OF DECEASED (Type or print) First Middle Last HELEN O. BRANDT			4. DATE OF DEATH Month Day Year Nov. 19 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sep. 21, 1889	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert W. Franke		13b. MOTHER'S MAIDEN NAME Theresa M. Stephan	
14. NAME OF HUSBAND OR WIFE George P. Brandt Sr.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, state unknown) (If yes, give dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT George P. Brandt Sr.-10900 Oasis Dr.		Address Affton, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac failure</i> DUE TO (b) <i>Arterio-sclerotic Heart disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 15 days 6 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4220.0			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11:45 P. to 11:19 P. and last saw her alive on 11:19 P. Death occurred at 10:00 P. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Dr. H. J. Jorman MD		(Degree or title)		22b. ADDRESS 9505 Grannis	
22c. DATE SIGNED 11-21-57					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 22, 1957		23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.	
23d. LOCATION (City, town, or country) St. Louis, Mo.		(State)			
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		ADDRESS		25. DATE RECD. BY LOCAL REG. NOV 21 57	
26. REGISTRAR'S SIGNATURE J. Earl Smith MD M. J. B.					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William B. White

Licensed Embalmer No. 4281
P. O. Address 4281

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.